

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO.  
**10-049259**  
APPLICANT(S)

FILING DATE

CLAIM NO.	AS FILED	AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
		IND.	DEP.	IND.	DEP.
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TOTAL IND.		2			
TOTAL DEP.		15			
TOTAL CLAIMS		17			

  

CLAIM NO.	AS FILED	AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
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TOTAL IND.					
TOTAL DEP.					
TOTAL CLAIMS					

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